

FILED MAY 14 1942

Registration District No. 297

Primary Registration District No. 1007

Registrar's No. 1826

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson
 (a) County: Kansas City
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4719 Greenwood Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 4 months (Specify whether years, months or days)
 In this community: 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Kansas (b) County: Johnson
 (c) City or town: Olathe (If outside city or town limits, write "RURAL")
 (d) Street No.: Nest Elm (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country: _____

3. (a) PRINT FULL NAME: James Leslie Ashlock.
 3. (b) If veteran, name war: No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: May Day: 9 Year: 1942 hour: 1:00 minute: - a. M.
 21. I hereby certify that I attended the deceased from Jan 29 1942 to May 19 1942
 that I last saw him alive on May 9 1942 and that death occurred on the date and hour stated above.

4. Sex: Male
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 6. (c) Age of husband or wife if alive: 28 years (Day) 18 (Year) 1970 (Year)
 7. Birth date of deceased: Jan- (Month) 28- (Day) 1870 (Year)

Immediate cause of death: Carcinoma of the stomach
 Due to: esophageal and partial intestinal obstruction
 Due to: 46 B
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Generalized metastases
 Of operations: _____
 Of autopsy: _____

8. AGE: Years: 72 Months: 3 Days: 11 If less than one day: hr. min.

9. Birthplace: Johnson Co Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Employee Water Dept Olathe City

11. Industry or business: _____

12. Name: Samuel Ashlock
 13. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

14. Maiden name: Estelna Morris
 15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant: James L Ashlock
 (b) Address: 4719 Greenwood Place

17. (a) Removal: (b) Date thereof: 5-9-42 (Month) (Day) (Year)
 (c) Place: burial or cremation: Olathe Kansas

18. (a) Signature of funeral director: H.E. Jubin
 (b) Address: Olathe Kan.

19. (a) 5/9/42 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work: _____ (Specify type of place) Means of injury: _____

23. Signature: Merwin J. Remond (M. D. or other)
 Address: Plaza Med Bldg, K.C. Mo Date signed: May 9, 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed:

H. E. Julien

Licensed Embalmer No.

2042

P. O. Address

Olathe Kas.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.